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Philip J. Corso
[Agent Producer (Parent)]

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Owners and Contractors Protective Liability Insurance Application

Please Note: Required fields are designated with a red asterisk (*).
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AGENCY INFORMATION

Agency Name Gracechurch Associates, Inc.
 Agent Name Philip J. Corso
 Agent Address Line 1 P O Box 879
 Agent Address Line 2
 Agent City Morrisville
 Agent State PA
 Agent Zip 19067
 Agent Phone # 215-295-0725
 Agent Email Address pcorso@gracechurch.biz
 Agent Code 123GA-1

INSURED INFORMATION

* Insured Name
 * Insured Address Line 1
 Insured Address Line 2
 * Insured City
 * Insured State
 * Insured Zip
 * Architect and/or Engineer Required to be Included as Additional Insured? Yes No

PROJECT INFORMATION

* Proposed Effective Date (mm/dd/yyyy format)
 * Proposed Expiration Date (mm/dd/yyyy format)
 * Covered Project Description **Including Designated Contractor's Specific Work**
 * Contract #
 * Project Street Address 1
 Project Street Address 2
 * Project City
 * Project State Not available in Alaska, Hawaii, New York, Washington, and Washington D.C.

 * Contract Price
 * Does the Project or Named Insured's Operations Involve Any of the Following? Check all that apply below or check "Not applicable" Not applicable
 Use of explosives or fireworks
 Underground construction such as subways or mines

- Work in existing refineries, chemical plants, mills, or grain elevators
- Exterior building maintenance over three stories
- New construction over four stories # stories:
- Hazardous chemicals or asbestos
- Single or Multi Family buildings in one or more of the following states: AK, AL, AZ, CA, CO, CT, DE, DC, HI, IL, LA, ME, MA, MI, MN, MS, NH, NJ, NY, NV, RI, VT, WA, WI
- Under water construction
- NEW (ground up) construction only - hospital, motel/hotel, prison, dorm
- Renovation/remodeling in an totally unoccupied hospital, motel/hotel, prison, dorm

Job Site Hazards Check all that apply

- Scaffolding over two stories
- Scaffolding two stories or less
- Uninsured contractors

* Hold Harmless? Project contract including a hold harmless clause will be signed by designated contractor
 Yes No

* Job Site Safety Program? Yes No

- * OCP Classification
- Named insured is a **contractor**. Job involves construction, demolition, alterations, maintenance, or repairs.
 - Named insured is an **owner, lessee, or municipality**. Job involves construction, demolition, alterations, maintenance, or repairs.
 - Named insured is an **owner, lessee, or municipality** and independent contractor's operations are not directly involved with construction activities (installation, removal, hauling, servicing of goods).
 - Named insured is a **housing authority** and work is related to such.
 - Named insured is a **municipality**. Policy required by municipality in conjunction with **permit** issued by same relating to **demolition work done for a third party**.
 - Named insured is a **municipality**. Policy required by municipality in conjunction with **permit** issued by same relating to **construction work done for a third party**.

- * Requested Policy Limit
- 1mm/2mm 1mm/3mm 2mm/4mm 2mm/6mm
 - 3mm/3mm 3mm/6mm 4mm/4mm 4mm/8mm
 - 5mm/5mm 5mm/10mm

CONTRACTOR INFORMATION

* Designated Contractor Name

* Designated Contractor Address Line 1

Designated Contractor Address Line 2

* Designated Contractor City


* Designated Contractor State


* Designated Contractor Zip

* Experience Years Months (Enter # months if experience is less than 1 year)

* Limits of CGL Insurance Carried by Contractor
 Primary None 500/500 1mm/1mm 1mm/2mm
 Excess None 1mm/1mm 5mm/5mm 10mm/10mm Other

* Carrier(s) Primary Carrier Name Policy #
 Excess Carrier Name Policy #

* Primary Insurance Effective Date  (mm/dd/yyyy format)

* Primary Insurance Expiration Date  (mm/dd/yyyy format)

* Is the owner the same as the contractor for this project? Yes No

COMMENTS